

CLAIMS ONLY							Application Number 10594515		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8			1				58					
9							59					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			2				Total Indep					
Total Depend			18				Total Depend					
Total Claims			20				Total Claims					